

## **VERIFICATION OF EXPERIENCE**



I,	11.	am applying for a position in an Early Care and Education		
Printed Name of Applicant	or Scl	hool-Age Center in Del	laware.	
Delacare: Regulations for Early Co the practical knowledge or skill gai children birth through second grade children kindergarten through sixth this form and return it to me at: Applicant Address:	ned from documented e in a group setting for a grade in a group setting	direct participation in Early Care and Educating for School-Age position	n working with ion positions or with	
Signature of Applicant/Employee		Date		
TO BE COMPLETED BY EMPI	LOYER RECEIVING	THIS REQUEST		
1. Complete name of Employer/Bu	ısiness			
Address:				
		( )		
	City	State Phone N	o.	
2. Dates of service for employee:	From:	To:	Day/Wasa	
3. Current Position/Title of emplo			Duy, Telli	
4. Brief description of job duties:				
5. Number of hours worked in a ty	•			
6. Number of hours worked <u>direct</u>	<u>ly with children in a t</u>	ypical week:	_	
7. Ages of children:				
I hereby swear/affirm that the infor required, and that the information is	_			
Printed name/title	e of person completing this for	m (can NOT be applicant)		
Signature	<del></del>	Date	_	